

# 2019 Submission - Royal Commission into Victoria's Mental Health System

## Organisation Name

West Wimmera Shire Council

## Name

Mr David Leahy

### **What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**

"Council has for a number of years advocated to both State and federal Governments to financially support mental health outreach programs. These programs include, mental health first aid awareness training, outreach workers, guest speakers, community events and most importantly referral pathways for people to receive help in a clinical setting. A program has been partially funded for this region, but is likely to run out of funds by late 2020. Council is now advocating for a recurrent funding model that will see all 3 tiers of government contribute to ensure maximum long term benefit can be derived from the program. The mental health outreach workers meet people in their own environment first and then assist them to navigate the system to receive clinical assistance where necessary. This program has proven results and once people are assisted through the clinical system, they are more than willing to help reduce the stigma, by telling their own story and promoting the benefits of early intervention. The outreach program is not designed to be a cure for mental illness but more of a guiding hand for people who require greater levels of help. By promoting mental health first aid awareness in rural communities, the stigma and discrimination attached to the illness, is significantly reduced and the experience of our program is that small communities rally around to help. As a Council representative that has driven the advocacy for the outreach program funding, I have witnessed first hand how a largely community driven program designed to help find local solutions and develop local support networks, has also reduced the stigma and discrimination that unfortunately seems to be attached to mental illness. "

### **What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?**

"Mental Health Outreach in rural areas works very well. The promotion of a suitable program and the demonstration of the breadth of the problem in a rural / remote area, greatly assisted in gaining the support of multiple stakeholders, who were all prepared to contribute to ensure the program could maximise community benefit. In a rural setting, where the economy and people's wellbeing is often linked to seasonal conditions, a recognition that this not the sole driver of mental illness in these areas of the state would ensure that the level of care does not fluctuate. It has been recognised that isolation (whether that be socially or from essential services) is the large contributing factor associated with the levels of anxiety experienced in rural areas. The aforementioned outreach programs enable communities to assist each other constantly rather than when some funding is trickled down due to seasonal conditions. Usually by the time the funds are issued the stress levels of some sectors of the community have reached the extreme and therefore a permanent service that can intervene earlier is essential. Another problem experienced in rural / remote communities is continuity of care. Whilst gathering information to develop an advocacy strategy, Council learned of a number of people who were forced to travel over 100km's for appointments that at times were cancelled and more often than not the person was required to meet with a different specialist. This meant that they felt the need to start the

whole process over and ultimately they discontinued the treatment themselves. Finally the issues faced by rural and remote people in gaining any form of transport to appointments that are a minimum of 100km's away generally prevent people from attending appointments. It has been expressed by a number of people who are prepared to share their own story that using telehealth services for mental health appointments is not a satisfactory format for them and this would be a common response across Rural Victoria. "

### **What is already working well and what can be done better to prevent suicide?**

"The short term funded outreach program is working very well across the Wimmera. It has broad support from a number of key organisations and is growing a very positive profile, which helps diminish the stigma attached to mental illness. Another great addition is a program run by the Royal Flying Doctor, where professionals visit the region on a monthly basis and provide support to referred people. This service is cooperating extremely well with the outreach program and the region would love to see it continue into the future. Various groups have also promoted services that are available through community activities such as farmers golf days, the local football and netball, fishing comps and the regions media have also promoted the various programs very well. At these events, guest speakers have been provided, the outreach workers have been in attendance and it has enabled community members to speak with a professional about someone that they have a concern about. One of the greatest preventative tools introduced is the development of Mens Sheds. These facilities have provided a great sense of belonging and comradery to a vulnerable sector of the community. "

### **What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.**

"Access to quality services in a rural community is a major stumbling block that can prevent people from experiencing good mental health. Currently in the shire that I represent, people are required to travel around 100km's to the nearest professional service and in many circumstances this could be up to 300km's as they are required to present to a larger hospital in a large rural city. Without a monthly service provided by the Royal Flying Doctor to the region, many people would not have access to any clinical assistance at all. The ability for the outreach service to refer people to the Royal Flying Doctor has been of great assistance but is not a permanent service. Previously residents had access to a medical clinic that also acted as a referral pathway but this clinic has since closed and a new clinic managed by a group of SA Doctors has opened but does not offer mental health assessments. The link between the GP, Outreach Workers, the service of the Flying Doctors all need to be coordinated in a more streamlined fashion. "

### **What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?**

"The more remote the community the more the anxiety levels rise. This was clearly demonstrated during a period in our shire where there was no outreach service or referral service for people to get into the clinical services. Also in rural and remote areas, the effect of adverse seasonal conditions can act as the trigger point for people to start struggling. This combined with the stigma attached to attending a clinical service to seek help, leads to high numbers of people requiring some form of assistance that seemingly goes unchecked. As mentioned in previous sections, the promotion of services that are available, educating communities via mental health first aid courses and providing easy access to the outreach program, will go a long way to helping ease the burden

on overloaded regional services. By promoting the aforementioned services, rural communities will band together to ensure that the services are supported and collectively work to diminish the stigma and discrimination attached to mental illness. "

**What are the needs of family members and carers and what can be done better to support them?**

"Continuity of care is critical in a rural environment. By providing a familiar face to meet with people, leads to higher levels of community trust, which will hopefully lead to more people accessing assistance earlier. By utilising people with a feel for rural and remote communities, they will know when to step in to help and how to best communicate with the community. The locals employed by the current outreach program, all know which events to attend to enable people to approach them (golf days, local footy & netball and hockey). This enables family members to approach the workers in a confidential and casual environment to seek assistance for the person they are caring for. It also allows for the outreach workers to provide advice on the pathway to a referral or other services that may be accessible to the family to assist the person."

**What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

"The short term funding provided to enable the outreach program to be implemented, includes a coordination function and has multi-agency buy in to the program. These include a local hospital, regional health service, bush nursing centre, local government, primary care partnership and some support from the regions PHN. This support ensures that workers have their workloads managed and get the support themselves and to regularly debrief. It is difficult to provide a suitable suggestion on how to attract more professionals to the mental health workforce as I am lodging this submission from a Local Government perspective. "

**What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

"As mentioned previously, one of the major contributing factors in a rural and remote location is isolation and access to transport. This has a detrimental effect on peoples ability to interact socially or access services that many take for granted. Improving transport links into regional centres will have a positive effect on the wellbeing of many in rural and remote communities. "

**Thinking about what Victorias mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

"The ideal system is one that has a service come to the person. It is acknowledged that this can't occur in all circumstances but in a remote situation it is clearly the best outcome for people who are in need of assistance. Programs that enable local solutions are highly likely to succeed and the proof of this is the success of the various rural outreach programs. The creation of local champions for the cause, helps to raise the profile of mental illness within communities and makes it a higher priority. Also an ideal system would have mandatory awareness training for people in roles such as school leaders, sporting club leaders, service clubs and any other community leaders that have a responsibility for community welfare. There are more and more people that are brave enough to tell their story of the individual struggle they have had with mental illness and an ideal system would continue to promote these people as there are no two sets of circumstances that are the same. Having the courage to speak up provides the greatest voice for

changing the public perception of mental illness. "

**What can be done now to prepare for changes to Victorias mental health system and support improvements to last?**

"As there are many potential solutions to improving mental health outcomes for Victorians, it is important that the relevant department responsible for managing mental health are prepared to have an open mind and accept all the various ideas. Not everything can be implemented, but support for community driven examples that are making a difference is critical. All sides of politics must ensure that they do not use the outcome of this Royal Commission to score political points. There will no doubt be recommendations from the commission that some may find uncomfortable, but for the sake of the various programs tasked with managing mental health in the state, a bi-partisan approach to funding and implementing the actions required is necessary. It has also been observed that when funding was provided to this region for a short term program, a number of agencies that had not been part of the advocacy process all suddenly became involved. To benefit the people who need it most, the funds need to hit the ground and not get caught up in what appears to be a growing administration within various layers of the health care sector. A simple and effective model has been demonstrated and will be reviewed with suggestions for improvement and it didn't take a multi-layered committee approach to get it to work. When the outreach program was dismantled in the region, it was local government that had to take up the fight to restore the program. It was also local government that filled the gap for a period as the need didn't go away. The above commentary leads to the suggestion that a consolidation of some of the health care committees and ""services"" needs to occur to accommodate an improved mental health model. "

**Is there anything else you would like to share with the Royal Commission?**

"It is the firm belief of this Council, that a community driven solution brings the best results. By community driven, I mean that the various communities are best at identifying the need and how to deal with the people in the communities. The community driven models also do a great job in promoting awareness and this significantly lifts the profile of Mental Illness as a serious community issue. It is also seen as a far better solution than counselling following a serious incident caused by mental health problems. In Western Victoria, we are fortunate to have some dedicated people who have worked extremely hard to provide a service that is of huge benefit and widely accepted as an asset to the region. The difficulty is ensuring that the program can be retained in the long term. It is hoped that as a result of the Royal Commission that genuine commitment to on-ground services can be provided and the welfare of Rural and Regional Victorians is given the high priority ranking that it deserves. "